EMERGENCY WORKER TRAINING RECORD						
COURSE	HOURS	DATE COMPLETED				
ADDITIONAL INFORMATION - REMARKS:						
Emd-024 (7/00) (BACK)						

EMERGENCY WORKER REGISTRATION CARD								
Jurisdiction:				Issue Date:	Registration Number:			
Name (Last): (First):		(Middle):	Social Security Number:					
Address 1:								
Address 2:								
City:		State:	Zip Code:	PHOTOGRAPH				
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):					
Height:	Weight:	Color Eyes:	Color Hair:					
Physical Disabilities (If any):								
Home Telephone:		Work Telephone:		- In Case of Emergency -				
I certify that the information on this card is true and correct to my best knowledge and belief.			Please Notify:					
Emergency Worker Signature:		Date of Signature:	Name:					
Emergency Worker Assignment (WAC-118-04-110):		Telephone Number with Area Code:						
Authorizing Signature: Local Jurisdiction:		Date of Signature:	Relation to Emergency Worker:					